

the Children's Vaccine Program.

The team's goal is to ensure that the rotavirus vaccine is available to children in developing countries at the same time as it is available to those in the developed world—a process that could save up to 1.5 million lives.

In the past, vaccine manufacturers would conduct trials and initially introduce new vaccines in countries with the largest profit potential. Then, after 15–20 years, the product would become available in developing countries. The Program for Appropriate Technology in Health hopes to accelerate the vaccine's availability to children who need it most. Currently, four rotavirus candidate vaccines are at, or near to, the clinical trial stage.

Each year rotavirus claims about half a million lives—85% from the poorest developing countries.

Debashis Singh *London*

Women fail to recognise risk of heart disease

Women in the United Kingdom are failing to protect themselves from heart disease because they wrongly believe that they are more likely to die from breast cancer than from a heart attack.

Two out of five women think that cancer is the greatest threat to health and only one in four realise that heart disease is the single biggest killer of women, a report from the British Heart Foundation says.

Most people see heart disease as a men's problem. The truth is that nearly as many women as men die from heart disease every year in the United Kingdom, but women tend to develop it later. By the age of 75 more women die each year of heart disease than men.

The latest UK statistics show that although fewer people are dying from heart disease than 30 years ago, deaths among women are falling more slowly than among men. Also, the death rate from heart disease among women in the United Kingdom is falling more slowly than in other countries, including Australia, Denmark, and Norway.

Zosia Kmiotowicz *London*

Take Note of Your Heart: A Review of Women and Heart Disease 2003 is available at www.bhf.org.uk

Being a caring doctor may be bad for you

Two thirds of junior doctors show signs of obsessive-compulsive behaviour, according to a study of Australian medical graduates. Although such traits might be advantageous for patient care, the findings raise concerns about their impact on doctors' well-being, the researchers say.

The study's preliminary findings also suggest that the push by medical schools to produce doctors who are emotionally sensitive to their patients' needs may be exacting a toll on doctors' own health.

Graduates who were emotionally sensitive were more likely to become burnt out and exhausted during the difficult transition from university to workplace.

"Being a caring doctor may be bad for you," said Dr Simon Willcock, director of the academic general practice unit at Hornsby Ku-ring-gai Hospital in Sydney, and author of the report, which is not yet published. The study followed 117 students from 2000 to the end of their hospital internship in late 2001.

Melissa Sweet *Sydney*

Ageism is difficult to identify

Older people may be missing out on vital health and social care services because age discrimination is not being identified, according to a guide published by health policy organisation the King's Fund.

The guide blames a lack of expertise in recognising ageism as the problem. Its author, Ros Levenson, says, "Tackling age discrimination is too low on the agenda for many health and social care organisations."

Sarah Macdonald *London*

Auditing Age Discrimination: A Practical Approach to Promoting Equality in Health and Social Care is available from www.kingsfundbookshop.org.uk

Rate of misdiagnosis of childhood epilepsy "may not be unusual"

Caroline White *London*

A misdiagnosis rate of almost one in three cases of childhood epilepsy, made by a consultant paediatrician in Leicester, "may not be unusual," concludes an 18 month investigation of his clinical practice.

But more than 300 families are pursuing legal action against the trust involved, and furious parents continue to press for an independent inquiry.

Dr Andrew Holton was suspended from his post at Leicester Royal Infirmary in May 2001, after an internal review of children's services at the hospital and mounting numbers of complaints from parents and clinicians (*BMJ* 2001;323:1323). Dr Holton, who was not a paediatric neurologist, had looked after more than 9000 children since his appointment in 1990 and had treated 1948 of them for epilepsy.

The final report, from the University Hospitals of Leicester NHS Trust in association with the British Paediatric Neurology Association, was published last week.

The review found that the diagnosis of epilepsy was incorrect in 618 cases (32%). The case notes of 81 children (4%) are still under investigation.

But the report points out that such a rate may not be unusual, citing preliminary evidence from the *Proceedings of the International League Against Epilepsy* that shows similar rates of misdiagnosis among generalist paediatricians with an interest in neurology, such as Dr Holton.

The review also substantiated concerns regarding Dr Holton's diagnosis, treatment, and interpretation of electroencephalograms that had been raised in the interim report, which was published in November 2001. Among other things, the interim report said that around a third of the children had been overtreated.

The medical director of the trust, Dr Allan Cole, said: "The trust is confident that all children are now receiving the appropriate treatment for their condition or continue to be investigated to establish a diagnosis."

A trust spokesperson said that while the evidence on Dr



Dr Andrew Holton is considering retraining in a different specialty

Holton's clinical practice "fell short of dismissal," the details would be formally recorded at a disciplinary hearing to be held shortly.

A separate internal investigation into Dr Holton's behaviour towards parents and colleagues concluded that "there were occasions when he adopted a wrong approach" but that formal disciplinary action was not warranted. Dr Holton, who has fully accepted the review findings, is considering retraining in a different specialty outside Leicester. He has also been referred to the doctors' regulatory body, the General Medical Council, and a further report into the whole case, commissioned by the former Trent region, is expected in April.

David Chadwick, professor of neurology at the University of Liverpool, agreed that epilepsy was especially difficult to diagnose in children but said that a percentage of "31.8% is a terrible indictment of epilepsy services."

Prompted by a national sentinel audit last May, which showed that there were 400 preventable deaths from epilepsy, the government's much delayed action plan is due to be published within the next few weeks. □

Review of the Management of Patients with Epilepsy by Dr A Holton between 1990 and May 2001 can be accessed at www.uhl-tr.nhs.uk